PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10/583495 | | | | |
|---|--|---|------------------------------------|-----------------------------------|------------------------|------------------------------|-------------------|---------------------|------------------------|----------------------------|---------------------|--|
| | | CLAIMS | - PART I mn 1) (Column 2) | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
| u.s | . NATIONAL | STAGE FEES | | | | |] [| RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | 1 [| BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | | | | | 1 | SEARCH FEE | 200 | 1 | SEARCH FEE | 1 |
| FEE FOR EXTRA SPEC. PGS. | | | m | inus 100 = | | / 50 = | 1 | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 18 | minus 20 = | * | | 1 | X \$ 25 = | | OR. | X \$ 50 = | · · · · · · · · · · · · · · · · · · · |
| INDEPENDENT CLAIMS | | | 3 | minus 3 = | * | | 1 | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | <u> </u> |
| * If | the difference | in column 1 is | less than ze | ero, enter "0 | " in col | umn 2 | JL | TOTAL | 450 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | 7 6 | SMALL E | NTITY ADDI- | OR | OTHER SMALL E | NTITY |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | USLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | | (Column 3) | | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | · | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDM | Independent | * | Minus | *** | | = | $] \ [$ | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 1 [| + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | - | FOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| * | If the entry in col | umn 1 is less than th | e entry in colun | nn 2. write "0" ir | n column | 3 | | | | | · | |
| *** | -If-the-"Highest-No If the "Highest No | umber-Previously-Pa umber Previously Pa mber Previously Pai | id For" IN THIS id For" IN THIS | SPACE Is less SPACE is less | than '20' than '3', | ', enter "20"; enter "3", | d in the | appropriate box | c in column | 1. | | |